UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE

TRAVEL SAVINGS FORM

1. EMPLOYEE NAME:			2. SOCIAL SECURITY N	IUMBER:	3. ORGANIZATION:		
Jane A. Traveler			123-45-6789	MRPBS- FMD			
Jane A. Irav	erer		123-43-0703		THE BO	1110	
				1st TRIP			
4. TRAVEL AUTHORIZATION#60	534320004						
ACCOUNTING CODE:98765-4	3210						
SAVINGS COMPUTATION:	1 ST NIGHT	2 ND NIGHT	3 RD NIGHT	4 TH NIGHT	5 TH NIGHT	6 TH NIGHT	7 TH NIGHT
Date of Travel	3/20/06	3/21/06		3/23/06			
a. Maximum Lodging Rate	\$88.00	\$88.00	\$88.00	\$88.00			<u> </u>
b. Minus Actual Cost	\$71.00	\$71.00	\$71.00	0.00			
c. Minus Excessive Transportation	\$ 5.00	\$ 5.00	\$ 5.00	0			
d. Lodging Savings for APHIS	\$12.00	\$12.00	\$12.00	\$88.00			
e. Meals & Incidental Expenses	\$24.75	\$33.00	\$33.00	\$24.75			
f. Meal & Incidental Expense Savings	0	0	0	\$ 8.25			
g. Contract Carriers Cost							
h. Frequent Flyer Benefits					2 2/2		
i. Airfare Savings							
j. Total Savings for APHIS*	\$12.00	\$12.00	\$12.00	\$96,25			
*Add numbers d, f, & i for total saving	ţs	· · · · · · · · · · · · · · · · · · ·			42	12/10/10	2
			5. Employee Initials: Jat Date: 3/27/06			ate: 3/27/06	
			6. Approving Official's Initials: 1000 Date: 3/28/06				
				2 nd TRIP			
7. TRAVEL AUTHORIZATION# 6	CS34320014						
ACCOUNTING CODES: 98765	-43210	ND.		TIV.	1		
SAVINGS COMPUTATION:	1 ST NIGHT	2 ND NIGHT		4 TH NIGHT	5 TH NIGHT	6 TH NIGHT	7 TH NIGHT
Date of Travel	4/10/06	4/11/06		4/13/06			
a. Maximum Lodging Rate	\$94.00	\$94.00	\$94.00	\$94.00			
b. Minus Actual Cost	0	0	0	0			
c. Minus Excessive Transportation	\$18.00	\$18.00	\$18.00	\$18,00			
d. Lodging Savings for APHIS	\$76.00	\$76.00	\$76.00	\$76.00			
e. Meals & Incidental Expenses	\$30.00	\$40.00	\$40.00	\$30.00			
f. Meal & Incidental Expense Savings	0	0	0	0			
g. Contract Carriers Cost	\$225.00						
h. Frequent Flyer Benefits	\$200,00						
i. Airfare Savings	\$200.00						
j. Total Savings for APHIS*	\$276.00	\$76.00	\$76.00	\$76.00			
*Add numbers d, f, & i for total saving	gs		I certify	the above information is	accurate to the best of	my knowledge.	
						100	
8. SUMMARY DATA TOTALS				9. Employee Signature: Date:/		Date: /17/06	
1 ST Trip Savings	\$132.25			1	Jane (Lander	1 4117/06
					0	7 0000-0000	11.1100
2 nd Trip Savings	\$504.00				<i>y</i>		1111100
Total Savings for APHIS	\$504.00 \$636.25			10. Approving Offici	al Signature:	- 10	Date:/
	\$504.00 \$636.25 \$318.13			Employee Signatu Approving Offici	al Signature:	in of breise	Date: 4/19/06

INSTRUCTIONS FOR COMPLETING THE TRAVEL SAVINGS FORM

It is the employee's responsibility to complete, maintain, and submit this form to his/her approving official. Copies of the corresponding travel voucher will serve as documentation for each savings. Up to two trips may be recorded on each APHIS Form 176. The original APHIS Form 176 should be kept with the AD-616, Travel Voucher, and the AD-287-2, Recommendation & Approval of Awards, in the originating office for audit purposes.

- Item 1. Enter Your Name.
- Item 2. Enter Your Social Security Number.
- Item 3. Enter Your Program Unit and Office.
- Item 4. Enter the Travel Authorization Number and Accounting Code. Enter the Date of Travel in each column.
 - a. Enter the Maximum Lodging Rate for each night a savings is realized.
 - b. Enter the Actual Lodging Cost for each night's lodging.
 - c. Enter any excessive transportation costs incurred for travel to the TDY site.
 - d. Enter the net savings for lodging.
 - e. Enter the authorized Miscellaneous and Incidental Expense (M&IE) amount for the TDY site.
 - f. Enter the amount of M&IE saved by traveling on your own time. Travel Compensatory Time may not be authorized if claiming this savings.
 - g. Enter the Government rate for airfare provided by the contract carrier. If there is no contract carrier, enter the lowest coach airfare available at the time the reservation is made.
 - h. Enter the cost of the frequent flyer benefit. If a free ticket is used, enter "FREE."
 - i. Enter the total airfare savings in 1st Night block.
 - j. Enter total savings to APHIS (Add d, f, & i).
- Item 5. Employee will initial and date the information for 1st trip.
- Item 6. Approving Official will initial and date the information for 1st trip.
- Item 7. Same as outlined above in Item 4.
- Item 8. Enter total savings summary data.
- Item 9. Employee will sign and date the completed form.
- Item 10. Approving Official will sign and date the completed form.